



Belcamp Recreation Council

Fall Soccer 2017

Registration Dates

- Wednesday, May 3rd
- Wednesday, May 10th
- Wednesday, May 17th

Times: 5:30-6:30 p.m.

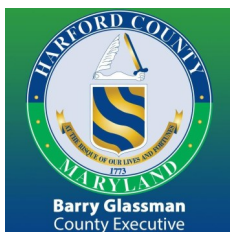
Where: Church Creek
Elementary School
Recreation Office



The Belcamp Recreation Council is looking forward to another successful and fun soccer season. As always, we are in need of coaches, assistants, and field maintenance volunteers. For more information, please contact Mike Brockmeyer at 443-843-5123.

FEES: 4 & 5 year old \$80
6 and above \$95
\$10 discount for each additional family member.

Registration fees will be raised after registration dates listed. Register early as spaces are limited.



Harford County Department of Parks & Recreation
Belcamp Recreation Council
Churchville Recreation Center
111 Glenville Road
Churchville, MD 21028
410-638-3853

Visit our website at www.harfordcountymd.gov/225/Parks-Recreation

Belcamp Recreation Council/Committee

REGISTRATION FORM

Participant Name: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Date of Birth: _____ Age Group: _____

School: _____ Male or Female (please circle)

Uniform Size Needed: _____ Played Before: Yes or No (please circle)

In Case of Emergency, Please Notify:

Name: _____ Phone: _____

Any Physical Conditions or Allergies? _____

Registration Fee: \$ _____ Ck# _____ Cash _____

Please pay by check whenever possible

Make checks payable to Belcamp Recreation Council

DISCLOSURE STATEMENT

I do hereby expressly agree that I will not hold the instructor, the Belcamp Rec. Council, or Harford County, Maryland, a body corporate and politic of the State of Maryland, its employees, volunteers, agents, officers and elected or appointed officials, responsible for any injuries received during the program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Parent Signature: _____ Date: _____